



You must fully complete the City of Sunrise application to be considered for employment. Please answer each question. If the question does not apply, state N/A. If the space available is insufficient, please fill out a supplement sheet. Please **PRINT CLEARLY IN INK OR TYPE** all information.

[illegible]

9) Employment Record: Begin with your present or most recent employment and work back. List all jobs held in the last ten years. If more space is necessary, please use the application supplement sheet. Be specific when describing job duties.

May we contact your present employer regarding your record of employment?

☐ Yes

☐ No

(1) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Employer _____

Address _____

City, State, Zip Code _____

Telephone No. (_____) _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for leaving Position _____

Specific Duties: _____

(2) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Employer _____

Address _____

City, State, Zip Code _____

Telephone No. (_____) _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for leaving Position _____

Specific Duties: _____

(3) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Employer _____

Address _____

City, State, Zip Code _____

Telephone No. (_____) _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for leaving Position _____

Specific Duties: _____

(4) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Employer _____

Address _____

City, State, Zip Code _____

Telephone No. (_____) _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for leaving Position _____

Specific Duties: _____

(5) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Employer _____

Address _____

City, State, Zip Code _____

Telephone No. (_____) _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for leaving Position _____

Specific Duties: _____

(6) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Employer _____

Address _____

City, State, Zip Code _____

Telephone No. (_____) _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for leaving Position _____

Specific Duties: _____

10) A. Have you ever been discharged or forced to resign from any job? ☐ Yes ☐ No

If yes, please supply details _____

B. Have you ever been disciplined in any job? ☐ Yes ☐ No

If yes, please supply details _____

11) Have you ever been employed by the City of Sunrise? ☐ Yes ☐ No

If yes, please supply dates and department _____

12) Are you related to any City of Sunrise employee? ☐ Yes ☐ No

If yes, please give name, relation, and employing department _____

13) A. Have you ever been convicted of any criminal offense, pleaded guilty or *nolo contendere*, or been found guilty of a criminal offense, even though adjudication was withheld or sentence was suspended? ☐ Yes ☐ No

If yes, please give the following information:

<u>DATE</u>	<u>CHARGE</u>	<u>PLACE</u>	<u>CURRENT STATUS</u>
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_____	_____	_____	_____
_____	_____	_____	_____

B. Are criminal charges currently pending against you? ☐ Yes ☐ No

If yes, please supply details _____

NOTE: A "Yes" response to either question does not automatically disqualify you for employment.

In Case of Emergency, Please Notify:

<u>Name</u>	<u>Relationship (if any)</u>	<u>Telephone Number</u>
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<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
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CERTIFICATION AND AUTHORIZATION

I hereby certify the information contained in this application to be true and correct to the best of my knowledge. I agree that any false statements in this application shall be sufficient cause for rejection or dismissal. I authorize the use of any information in this application to verify my statements and I authorize the past employers, doctors, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I further understand that there is a probationary period and I can be terminated at any time during this period.

Signature of Applicant

Date



City of Sunrise
AUTHORIZATON TO RELEASE INFORMATION

As an applicant for a position with the City of Sunrise, I hereby authorize inquiries regarding my past employment record including, but not limited to, attendance, job performance, disciplinary records and reason for termination.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested. You may contact me as indicated below, should there be any question as to the validity of this release.

Print Name _____ Date _____

Address _____

Telephone Number (____) _____

Signature _____



City of Sunrise APPLICATION SUPPLEMENT SHEET

MINIMUM REQUIREMENTS

GENERAL INSTRUCTIONS: You MUST COMPLETE this form to be considered for employment. To assist us in processing your application, please describe how your experience meets or exceeds the minimum requirements posted for the position applied for. If your experience does not meet the minimum requirements, your application will not be forwarded for employment. Please print clearly in ink or type all information.

Name

Position Applied For

1) Describe briefly in what ways your experience meets the minimum requirements of the job posted.

2) Do you meet the minimum educational requirements? Please describe.

3) Are there any special qualifications that you feel you have that would help you meet the minimum requirements?

Signature

Date



City of Sunrise

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

GENERAL INSTRUCTIONS: The following information will be used ONLY to help improve our recruiting programs and comply with the Federal and State government information requests. You are not required to provide this information, unless you wish to claim veteran's preference. If you choose not to provide the information, your decision will not affect your application.

1) Position Applied For

2) Social Security Number

3) Name

4) Date

5) Date of Birth:

Month_____ Date_____ Year _____

6) Sex:

Male _____ Female _____

7) Racial/Ethnic Identity:

White Non-Latin_____ Black Non-Latin_____ Hispanic_____ Asian Pacific_____ American Indian
Alaska Native_____

8) How did you learn of this opening?

_____ A Present City Employee _____ Interest Card _____ City's Web Site
_____ City's Job Announcement Board _____ Newspaper Ad (Which Newspaper?: _____)
Other (Please Specify)_____

VETERAN'S PREFERENCE: (Optional) Check the appropriate block if you wish to claim veteran's preference. If you choose to claim veteran's preference documentation substantiating your claim must be furnished at the time of application.

_____ 1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense, or

_____ 2. The spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured or forcible detained by a foreign power, or

_____ 3. A veteran of any war who has served on active duty of 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was discharged or separated therefrom with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era. Active duty for training is not allowable, or

_____ 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

_____ Branch of Service

_____ Date of Entry

_____ Date of Discharge

Have you claimed and been employed through veteran's preference since October 1, 1987?

_____ Yes _____ No. If yes, give name of employer _____

Note: Under Florida Law, preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above; and second to those persons included under 3 and 4 above. If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans' Affairs, P. O. Box 1437, St. Petersburg, Florida 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.